Case Name:___

State of Utah - Labor Commission

Division of Adjudication 160 East 300 South, 3rd Floor, P.O. Box 146615 Salt Lake City, Utah 84114-6615 (801)530-6800

laborcommission.utah.gov

Note: PLEASE TYPE OR PRINT IN BLACK INK

______vs. ______

Date of Injury/Period	l of Exposure	.			
	PE	RSONS WITH	I KNOWLEDGE LIST		
to terminate or reduce or disprove the reason	e compensations for termination	on. The person(ation/reduction of	he events and/or circumsta s) listed may have knowle of compensation as alleged sation. Attach additional pa	dge that e in the Ap	ither tends to prove pplication for
NAME:			STATEMENT OF KNOWLEDGE		
Full Name					
Address					
City	State	Zip Code	Witness at Hearing?	Yes	No
Telephone Number					
Full Name					
Address					
City	State	Zip Code	Witness at Hearing?	Yes	No
Telephone Number					
Full Name					
Address					
City	State	Zip Code	Witness at Hearing?	Yes	No
Telephone Number					
Full Name					
Address					
City	State	Zip Code	Witness at Hearing?	Yes	No

NOTICE TO THE RESPONDENT (EMPLOYEE):

15 days prior to the scheduled hearing, you are required to mail to or otherwise serve on the petitioner a list of all witnesses, other than yourself, that you will produce at the hearing. Failure to disclose a witness on the witness list may prevent that witness from being allowed to testify at the hearing.

You are also required to mail to or otherwise serve on the petitioner a copy of all exhibits not otherwise in the possession of the petitioner that you intend to submit as evidence at the hearing. Failure to provide copies of exhibits prior to the hearing may prevent those documents from being submitted and considered at the hearing.